

OBSTETRICS

UNDER THE CHARGE OF

EDWARD P. DAVIS, A.M., M.D.,

PROFESSOR OF OBSTETRICS IN THE JEFFERSON MEDICAL COLLEGE, PHILADELPHIA.

Chemical Observations on the Toxemias of Pregnancy.—DE WESSELOW, chemical pathologist to St. Thomas Hospital, London, contributes *Jour. Obst. British Empire*, 1922, 29, a very interesting paper upon this subject. At the present time it is the belief of obstetricians that the toxemia of pregnancy is especially dangerous to the future health of the patient. It is a curious and interesting fact that pregnant patients who have eclampsia and recover are left in better physical condition than are those who recover from toxemia without eclampsia. The excretory organs in eclamptic patients are in better condition than in those who do not have convulsions. Hence at the present time obstetricians are devoting their attention to the detection of toxemia in its early stages, with the hope of inducing labor sufficiently promptly to bring about a perfect recovery in the patient. With these facts in mind the importance of the writer's paper is evident. Space does not permit an extended review of this paper. The writer concludes that chemical study should in future be of definite value in averting the risk of permanent damage to the mother and indicating the stage at which the induction of labor becomes necessary. The definitely raised urea content of the blood above 40 mgm. per 100 cc is proof that the kidney is severely damaged and is an indication for induction of labor. Where the blood urea is not increased, the urea concentration test gives valuable evidence of the condition of the renal function, and when the figure obtained is below 2 per cent, termination of the pregnancy should be considered. It is of the utmost importance that both these examinations be repeated at regular intervals, the frequency depending upon the urgency of the case. If a rising blood urea is present with a falling concentration capacity, this is an obvious indication of a progressive lesion. Where the diastolic blood pressure is low, it is probable that there is chronic disease, and that a less complete recovery must be expected. Blood-pressure observations are valuable in all cases. We have no efficient and reliable method of estimating hepatic function. By the methods just described we can arrive at definite criteria for interrupting pregnancy.

A Sign of Intrauterine Death.—SPALDING (*Surg., Gynec., and Obst.*, June, 1922, p. 754) calls attention to the value of roentgen-ray pictures where during pregnancy there is fear of intrauterine fetal death. For a basis of study 27 patients in normal pregnancy were examined by the roentgen-ray. The outline of the fetal skull was distinct in each case; there was no overlapping of the bones, nor did there seem to be any shrinkage from a normal size. One patient who had a normal pregnancy had rupture of the membranes in the beginning of labor; she had a long first stage (forty-three hours) because of rigidity of the cervix, but she was

finally delivered of a living child. A roentgen-ray picture taken late in the first stage of labor showed marked overlapping of the fetal bone but no sign of diminution in the contents of the skull. The absence of diminution in the contents of the cranium showed that the condition was the result of pressure and not of fetal death. In three cases of intra-uterine death the roentgen-ray picture showed marked overlapping of the skull bones with distinct signs of shrinkage in the contents of the skull.

Labor Complicated by Infected Fibroid.—HOLLAND (*Jour., of Obst. British Empire*, 1922, 29,) describes the case of a multipara, aged thirty-five, who had been delivered three weeks previously, her child weighing six and a half pounds, and living but one day. The uterus remained large, the placenta did not come away and it was thought that a second child was present. At the end of three days, as nothing had happened, the attending physician removed the placenta by the hand and then made the diagnosis of uterine fibroid. A violent septic infection developed, and when the patient was brought to the hospital she had signs and symptoms of general peritonitis. The uterus was at once removed by supravaginal hysterectomy. On the anterior surface of the tumor there were two perforations, from which pus was oozing. The patient died thirty-six hours after operation. On examining the specimen the muscular capsule of the tumor was very thin. The perforations had occurred through this muscular capsule, and underneath the fibroid was sloughy and yellow in color. These perforations permitted the infective discharge from the uterus to gain access to the peritoneal cavity and set up peritonitis.

Induction of Labor with Castor Oil and Quinine.—WILLIAMSON (*Surg., Gynec., and Obst.*, June, 1922, p. 812) gives his results in induction of labor by the use of castor-oil and quinine in 300 cases. His study was suggested by two cases where these substances produced abortion. One was a primipara three months pregnant, who in six hours took 60 grains of quinine sulphate. She had marked signs of the action of the quinine, and had great pain at the time of abortion, but seemed to have recovered from the drug by the third day. The second patient was a multipara four months pregnant, who took an ounce and a half of castor oil and four grains of quinine. She had sharp pain with profuse vaginal bleeding, which suggested a premature separation of the placenta. In the cases studied, the patient was given a light dinner and in primiparae castor oil was given at midnight, in multipara at six or seven in the morning. One ounce and a half of castor oil was administered with orange juice or some other vehicle. So soon as the oil was effective an enema at 106°F. was administered, and immediately after this 5 grains of quinine was given and repeated at thirty-minute intervals until 20 grains had been taken. If the patient complained of ringing in the ears or nausea the quinine was stopped. The administration of a grain of pepsin with the quinine prevented nausea. Occasionally two doses of 10 grains were given two hours apart. The aid seemed to play no part in the occurrence of labor. If the attempt failed, the second trial was not made until ten days later. Of the 300 cases the method was successful in 140, unsuccessful in 160. In those where labor did not come on, all the primiparae were at full term except